# RESEARCH PERSPECTIVES ON WORKPLACE HEALTH PROMOTION

Prepared by

Douglas R. Wilson  MD

Ronald C. Plotnikoff  PhD

Carey L. Shore  BSc


for the Working Group on Workplace Health Promotion

of the

Canadian Consortium of Health Promotion Research



Contact: D. Wilson
Centre for Health Promotion Studies
5-10 University Extension Centre
University of Alberta
8303-112 Street
Edmonton, Alberta
T6G 2T4
Phone: (780) 492-4039
Fax: (780)  492-9579
e-mail: doug.wilson@ualberta.ca

# TABLE OF CONTENTS:

# EXECUTIVE SUMMARY

The Canadian Consortium for Health Promotion Research (CCHPR), recently conducted a preliminary nation-wide study to obtain the research perspectives on workplace health promotion (WHP) of individuals and organizations with major commitments and experience in the field. The purpose of this study was to gain an understanding of the current activities of key stakeholders in this field, as well as their views on gaps and priorities for future research in WHP. The CCHPR's Working Group on Workplace Health Promotion anticipates that this research will stimulate discussion and lead to specific research project proposals involving members of the CCHPR and potential partners in WHP research.

A qualitative methodological protocol utilizing a telephone survey instrument was employed. This tool included 10 questions on: *trends* in WHP initiatives, projects, and research, *gaps* in knowledge, practice, and policy, *priorities* for future research, current research projects, contacts, and background information about the participants. Initially, consortium members were contacted and additional contacts were made using a snowball sampling technique. Twenty-four interviews were conducted in total; 13 consortium members and 11 individuals from non-governmental agencies and businesses. This sample included 17 researchers and 7 practitioners with diverse interests and experiences in WHP.

The interviews revealed that both researchers and practitioners share common views on the trends, gaps, and priorities for WHP research. The findings of this study emphasize the major concepts established during the interviews. Within the report these concepts are categorized and tallied based on similar responses within each category.

For *current trends in WHP initiatives, projects, and research,* the majority of respondents felt that the term 'workplace wellness' is receiving greater recognition, although research still predominantly focuses on individual lifestyle behaviors such as fitness, weight control, smoking cessation, etc. Creating a better balance between work and home as well as a focus on mental and physical health, including stress management and injury prevention, were all indicated as major current trends. Respondents also noted how evaluation of WHP programming is routinely based on economics and the need for a cost-benefit analysis is consistently required.

In terms of the *gaps in knowledge, practice, and policy,* a common theme indicates that these three concepts lack a connection in WHP. The majority of respondents felt the need for more information on evidence-based/best practices as well as a conceptual framework to help guide practice. Other common responses regarding gaps in knowledge, practice, and policy included: understanding work and families, alternate work arrangements, stress management, non-traditional workers (ie. contract), and changing workforce issues.

In the policy context, respondents felt the need for stronger initiatives and for government assistance in developing comprehensive WHP programs including possible incentives.  In order to implement these policies practitioners must be motivated and understand the benefits of various policies and practices within a number of settings.  Currently the only research that is available on the effects of policies within the workplace relates to large corporations.  These policies cannot be readily applied to a variety of settings such as small businesses.

*Priorities for future WHP research* included most frequently the need to develop a relevant business case based on empirical evidence and including a cost-benefit analysis. Also of great importance to respondents were the needs for strong evaluations to support current practices, for more effective workplace policies, and for a comprehensive ecological perspective on WHP.  Other research priorities were studies of non-traditional workers, the impact of work on physical and mental health, the effects of the ever-changing workplace, and new conceptualizations about the nature of work.  Future research should  evaluate new strategies and approaches, include more qualitative research, and require greater collaboration among various stakeholders within WHP.

Based on the results of this study, the following recommendations are made for priority WHP research projects which could be undertaken with partners.

1. Develop a business case for WHP based on strong empirical evidence and in collaboration with a number of stakeholders including researchers, practitioners, and decision-makers.
2. Facilitate a WHP project focusing on comprehensive ecological approaches which recognize that personal health behaviors relate to intrapersonal, interpersonal, and broader environmental factors (i.e. supportive environments, managerial practices, structural factors, etc.).
3. Development of WHP models applicable to a number of workplaces and employees (i.e. small businesses, non-traditional workers, etc.).
4. Greater attention to evaluation of current and future WHP projects.
5. Increased use of multiple research methods, including qualitative research, to study physical and mental health issues, and the changing workplace.
6. Assessment of WHP policies at both government and business levels.

# INTRODUCTION

The Canadian Consortium for Health Promotion Research (CCHPR) is made up of 14 university-based research centres that have been in existence for 6 to 17 years and have a wealth of experience in applying health promotion research to policy development and practice across Canada. The CCHPR, with the support of Health Canada, has taken advantage of this experience to create research working groups which link several centres in order to focus on areas such as the evaluation of the effectiveness of health promotion, and the role of health promotion in health reform. Most recently, the CCHPR has established a working group on workplace health promotion. (Refer to Appendix A for membership and terms of reference.)

The Working Group on Workplace Health Promotion (WHP) decided that it would initially be most useful to obtain the perspectives of individuals and organizations with major commitments and experience in this field. These experienced professionals were asked about their current activities, and their views on the gaps and priorities for research in workplace health promotion. The purpose of this Report is to outline our findings based on telephone interviews with individuals across Canada. The Working Group anticipates that this Report will stimulate discussion and lead to specific research project proposals involving members of the CCHPR and potential partners in WHP research.

# METHODS

A qualitative methodological protocol, using a telephone survey instrument was developed based on collaborative input from four working group members (Appendix B). This survey included 10 questions on current research projects, contacts, trends, gaps, priorities for future research, and background information about the participants. Two different introductions were included for CCHPR members and for suggested key informants who were not CCHPR members, outlining the purpose of the project and information about the consortium.

Potential interview participants were initially contacted via e-mail and sent both the introduction to the project and a copy of the survey. Times for a telephone survey were established and each participant was subsequently contacted. Additional contacts were made from CCHPR members' recommendations (i.e. snowball sampling technique). Each telephone survey interview took approximately 20-45 minutes to complete. Handwritten notes were taken and transcribed after each telephone call. Twenty-four interviews were conducted comprising 13 CCHPR members and 11 other key informants (Refer to Appendix C.) This sample included 17 researchers and 7 practitioners with diverse interests and experiences in WHP.

## RESULTS

The following results are taken from the five questions on the trends and gaps in workplace health promotion (WHP), and priorities for future research in the field. The 24 participants were asked the same questions, and there were 15-24 responses per question. Categories were established based on similar comments made by the respondents and then tallied according to the number of individuals making comments in the category. For elaboration, response details are summarized within each category.

*What are the major directions or **trends** in WHP (i.e. initiatives, projects) and WHP research these days? Please be specific to Canada.*
(Total: 22 responses)

**1. Studying and researching broader issues/aspects of health.**
**'Workplace Wellness'**                **11/22**
**(ie. 11 out of 22 individuals responded on this theme)**
-Trends away from 'conventional research'.
-Greater focus on: morale, communication, general well-being, holistic health, psycho-social, bio-physical, environment and the individual, organizational structure and individual, ecological perspective, multi-sectoral, multi-health, population health approach.
-Greater recognition and acceptance of the term 'wellness'.

**2. Researching healthy lifestyle interventions**     **9/22**
-Individual behaviors such as: exercise, nutrition, drug/alcohol use, and smoking cessation are routinely evaluated within the workplace.
-Traditional health promotion programming focuses on these behaviors and various interventions to modify them.
-Current interventions look at influences on knowledge, attitudes, and behavior.

**3. Work and home balance**              **9/22**
-Parenting/child care, elder care, alternate work arrangements and social supports are becoming increasingly important to employees and managers.

**4. Mental health**                       **8/22**
-Stress, burnout, anger/violence, and the effects of various work strategies on mental health.

**5. Physical health**                     **8/22**
-Effects and causes of injury, repetitive stress injuries, effects of the environment on the body, technology, air quality, on-site vaccinations, rate of work, disability management, and health risk appraisals.

**6. Cost-benefit analysis/Economics          6/22**
-Evaluation of WHP programming is routinely based on economic benefits.

**7. Changing workforce          5/22**
-Increased diversity in the workplace (i.e. more women and older age workers).

**8. Shifts in research and information bodies/organizations          3/22**
-More action oriented, greater public participation, and several independent initiatives.
-Emergence of the Health, Work, & Wellness Institute, Institute for Work and Health, and Health Canada. All have helped set directions and visions in WHP.
-More information is available than ever before.

**9. Effects of electronic technologies          3/22**
-On physical and mental health and effects on the organization.

**10. Organizational approach to research          3/22**
-Shifting away from traditional programming approach.
-Now studying structural factors, managerial support, and taking an ecological perspective.

**11. Researching effective workplace policies          1/22**

**12. Re-focusing of priorities. Bottom line (financial aspects) is no longer #1 reason for WHP. Improving employee health is now #1.          1/22**


*Based on your perspective, what do you see as the major research **needs and gaps in knowledge** in WHP?*
(Total: 24 responses)

**1. Lacking evidence-based practice          9/24**
-What are the benefits of various approaches?
-Need for stronger evaluations of interventions.
-Need for a business case for WHP.
-Need for a conceptual framework.
-Unsure of benefits of Employee Assistance Programs (EAP's).

**2. Communication and application of research    9/24**
-How can corporations apply what we already know?
-What do workplaces need to know?
-Lack of information sharing amongst researchers and practitioners involved in WHP (eg. health promotion and occupational health and safety).
-How can academics and practitioners talk to each other, especially human resource professionals and EAP providers?
-How to talk to practitioners who have different backgrounds, education, and interests?

**3. Minimal transfer from knowledge to practice to policy        5/24**
-Needs to be recognized at both government and corporate levels.

**4. Need for stronger theory to understand links between behaviors, environment, and the organization                    4/24**

**5. Family-work issues                    4/24**
-Need to understand and recognize importance of elder care, and voluntary care (i.e. sandwich generation).

**6. Lack information on the health of non-traditional workers   4/24**
-Domestic workers, blue collar employees, older adults, non-unionized, low-income, small business, farm workers.

**7. Design of work                    2/24**
-Changing work structure/environment, effects of technology, and the effects of various work arrangements (e.g. telecommuting).

**8. Need for shifts in types of research        2/24**
-Need more ecological research, longitudinal studies, and multilevel and multivariate analysis.

**9. Defining health promotion                2/24**
-Discrepancies in how we define health promotion and workplace wellness.
-Need to make practitioners realize that health promotion includes much broader concepts than simply education.

**10. Employee input into healthy decision-making            1/24**

*Based on your perspective, what do you see as the major research **needs and gaps in practice** in WHP?*
(Total:17 responses)

**1. Best practices      6/17**
-Need for models.
-Pros and cons of various approaches.
-Need for comprehensive and multi-faceted strategies and frameworks to create sustainable, long term changes.
-Must come from senior management.
-Evidence-based practice.
-Stronger evaluations needed.

**2. Knowledge does not translate to practice          5/17**
-Need for greater dissemination of information to practitioners to create 'buy-in' rather than simply generating more research.
-Narrowness of health promotion definitions is also seen in programming (i.e. promotion of personal health behaviors rather than taking an ecological approach).

**3. Little is currently being done in WHP          5/17**
-Program approach vs. organizational approach is commonly seen.
-Patchwork programs are also common but ineffective and often unknown by many employees.
-Although WHP programs might exist, a poor corporate climate does not allow for true health promotion to occur.

**4. Enhancement of research transfer/exchange/dissemination   4/17**
-Amongst corporations, practitioners, and employees.
-Need to take advantage of more online services (e.g. workshops).

**5. Work environment                3/17**
-Structure and function of workplace and how work impacts health

**6. Behavior change strategies          3/17**
-Best strategies to promote and motivate individuals to adopt healthy lifestyles and reduce stress.

**7. Risk assessments needed       2/17**
-More assistance in conducting health risk appraisals.

**8. Practitioner's skills          2/17**
-Currently many practitioners are well-versed in behavior changes but lack skills needed to promote organizational changes and capacity building.
-Concern that anybody can be considered a WHP specialist.

**9. Counselling          1/17**
-More assistance is needed especially for certain populations (e.g. older workers).


*Based on your perspective, what do you see as the major research **needs and gaps in polic**y in WHP?*
(Total: 19 responses)


**1. Need for a greater presence of stronger healthy workplace policies  11/19**
-Creation of 'family friendly workplaces'.
-Creation of policies for non-traditional work (e.g. telecommuting).
-Combine organizational and health goals.
-How to put policies into practice.
-No coordinated efforts currently exist, we are lacking in this area.


**2. Need for more government involvement          8/19**
-Macro-level policies needed beyond the workplace.
-Legislative changes, incentives to create buy in such as tax breaks.
-Must have 'synergy' at the top to show how and if this works.


**3. Understand what and how policies work          5/19**
-The role of policy must be understood in a variety of settings including non-traditional settings such as small businesses, farm health, senior support, elder care.


**4. Must engage employees and a variety of professionals in policy decision-making 2/19**
-Employees, unions, labor organizations.
-What kinds of changes are needed.
-Must address a wide variety of health issues.
-More cross-professional and cross-jurisdictional collaboration and exchange is needed.


**5. Need to understand the effects of work beyond the workplace          2/19**
-Need to understand the role of workplaces in terms of health of the nation.
-How do workplaces create or reduce harm?


**6. Stronger policies for workers compensation    2/19**
-Work towards a no-fault system, create more consistent and widespread coverage.


**7. Policies must keep up to changing technology, demographics, and economy 1/19**

*Considering some of these needs and gaps, what do you see as the **priorities** for WHP research?*
(Total: 23 responses)

**1. Business case for WHP          12/23**
-Should include a cost/benefit analysis.
-Must be presented in business terms, not health promotion terms.
-Health promotion researchers must understand profit chain.

**2. Stronger evaluations needed     6/23**
-Better research to back up current practices.
-Creation of best practices.
-Empirically monitor/evaluate strategies.
-Examine implications for policy.
-Document effects of unhealthy environments.

**3. Ecological perspective          5/23**
-Must look at employees and how they interact with their environment, community health, leadership/managerial practices, and supportive environments.

**4. Greater focus on non-traditional workers          5/23**
-More attention to the new realities of the workplace.
-More technology, contingency work, young and older workers.

**5. Pro-active government          5/23**
-Creation of incentives, regulations, tax benefits to create buy in from corporations.
-More communication between government and corporations is needed.

**6. Impact of work on physical and mental health          5/23**
-Biomechanical/ergonomics, psycho-social factors, stress management/burnout, and revision of workers compensation.

**7. New conceptualizations about the changing nature of work, and changing workforce                    4/23**
-Effect of competition, insecurity, and constant change on employee health.
-Increasing age of population and workforce, elder care, child care, working mothers, rural farm issues, and increasing cultural diversity of workers  (i.e. address issues around language and low income).

**8. Strategies to combine business goals with health promotion goals     3/23**
-Key elements of such strategies and how to do this successfully.
-Need for long term demonstration projects to show how and if this can be achieved.
-Be innovative in sending out information to meet needs and expectations of organizations.

**9.  Worker-centered practices        3/23**
-More employee participation in health promotion decision-making and research.
-Participatory style research.

**10.  Revise current research strategies and approaches   3/23**
-Less survey work and more qualitative research.
-Create stronger databases and links with other researchers and projects.
-Link with disciplines outside of health promotion.

**11.  Communicating health promoting information among
     practitioners/researchers/employees              3/23**
-Engaging diverse employee representation in communication of information, planning, and decision-making.
-Greater dialogue and partnering amongst researchers and practitioners regarding information and application of current research.


        Participants were also questioned about their sources for WHP materials (Appendix D).  The most common sources include: conferences/workshops, journals, newsletters, agencies, and organizations specializing in workplace health.
Current areas of research and activities, within the past two years, were also discussed during the interviews (Appendix E).  These projects either have a direct focus on the workplace or are larger studies that include workplace as only one component.

## DISCUSSION

The need for more evidence-based practice and the creation of a business case based on strong empirical evidence were considered both the greatest knowledge gap in current WHP as well as the number one priority for future research in the field. Although not included in the results section, it is interesting that both researchers and practitioners had very similar responses to each question, however, emphasis throughout the majority of practitioners' interviews focused on the need for a cost-benefit analysis and evaluation for WHP.

The most common *current trends in WHP initiatives, projects, and research* include an increasing recognition of the term 'workplace wellness' and the multi-faceted nature of health. Other trends include: research and interventions on individual health-related behaviors such as fitness and nutrition, the need for a stronger balance between work and home, and a focus on mental as well as physical health. Stress, burnout, injuries, and the effects of the environment on health were also noted.

Practitioner respondents had a slightly different focus for this question with the majority indicating the importance of a cost-benefit analysis and the trend towards routine evaluations of programs to indicate their economic benefits. Once again, this group also believed in the emergence of 'holistic' health with specific reference to the need for stronger work-life balances. In addition to alternate work arrangements with the creation of new technologies such as "telecommuting", the creation of 'family friendly workplaces' is now more commonly seen. Practitioners also struggle with how to prevent and minimize organizational stress and how to deal with a constantly changing workforce that has various health-related needs.

Of the *research needs and gaps in knowledge, practice, and policy in WHP*, knowledge had the greatest number of responses with 24 comments and 10 categories established. The most common response to *knowledge gaps* is the lack of evidence-based practice in WHP. Both practitioners and researchers are unsure of the benefits of various approaches and routinely requested a conceptual framework or a business case for guidance. Communication and application of research is also a major gap in knowledge. How corporations can apply what is currently known, information sharing amongst both researchers and practitioners, as well as communication within an organization are major gaps that were indicated by 9 out of 24 respondents.

All of the practitioner responses focused significantly on the need for a business case for WHP and the need for greater communication amongst researchers, practitioners, and senior management. Other major gaps involved issues relating to work and families, alternate work arrangements, stress management, and information on non-traditional employees as well as a changing workforce. Each of these issues are probably those noticed in daily practice within an organization that may not necessarily be dealt with by traditional programming and interventions..

Responses for *gaps in practice* were very similar to those identified for knowledge.  The need for models of what are currently considered to be best practices in WHP was indicated by six out of the seventeen respondents.  These models should ideally include comprehensive and multi-faceted strategies and frameworks to create sustainable, long term changes based on strong evidence.  Transfer from knowledge to practice is also a gap since what is currently known is not necessarily adopted or applied within a corporate setting.  The need for a greater understanding of what health promotion can mean within a organization, how it can be applied, and the potential benefits it provides were all considered to be essential information in order to create 'buy in'.

Practitioners routinely noted the above gaps,  in addition to commenting on the shortcomings of traditional approaches.  Many organizations implement limited programs or services in order to show how successful they can be rather than implementing comprehensive, long term strategies.  These more comprehensive strategies, according to practitioners, would most likely benefit a greater number of employees than current and simple short term programming.

The major *gap in policy* as indicated by both researchers and practitioners deals with the lack of widely understood policies.  Not only must organizational and health goals be considered in unison, but consideration of non-traditional work and workers must also be taken into account.  Understanding what and how policies work and having government and researcher assistance in this area is critical.  Although there is some data available on the application and effects of policy within large corporations, this research is limited and cannot be properly applied to a number of settings such as small businesses.  Having government step in to offer incentives such as tax breaks or create macro-level strategies to demonstrate the effectiveness of policy, would likely result in greater adoption.

As indicated by many of the practitioner respondents, integrating policy and practice is a major shortcoming within many corporations.  Creating effective policies that evolve with the constantly changing nature of work is a challenge and an effort that may not occur without some type of government incentive.

The number one *priority for future WHP research* as indicated by over half of the respondents, is a strong economic or cost-benefit analysis.  The creation of a business case to be applicable and based on empirical evidence is of great importance to both researchers and practitioners.  Stronger evaluation to back up current practices with effective policies that coincide with these strategies was indicated several times, in addition to the need to focus on non-traditional workers.  With the ever-changing nature of work and the workforce, priorities must match the workplace evolution.

Practitioners responded to the issue of priorities in a very similar fashion to the researchers.  Many of them placed a great deal of importance on the business case for

WHP, and also voiced their need for strategies to combine the goals for health and for the organization.

The greatest need for future research in WHP is the creation of a business case based on strong empirical evidence.   In order to develop such a case, collaboration must occur amongst researchers, practitioners, senior management, and other disciplines outside of health promotion. Ideally, this case should present a cost-benefit analysis of WHP, take into account the realities of the ever-changing workplace (ie. small businesses and non-traditional workers), be presented in business terms not health promotion terms, and have an ecological perspective.

This business case could then be presented within a conceptual framework for WHP that includes strategies for adoption, and various ways to link the goals of both the organization and health promotion:  The key elements for effective WHP must be included in addition to the pros and cons of different strategies within various work sites; Government assistance in the creation of this business case is also essential;   Ideally, government could also be involved in offering incentives to create greater adoption by corporations who are contemplating offering health promotion initiatives on-site.

In addition to the creation of a business case, other major priorities for future WHP research include studying the impact of work on the physical and mental health of employees, studying the effects of the ever-changing workplace, and creating new conceptualizations about the nature of work.  Future research should also include new strategies and approaches, such as more qualitative research, and greater collaboration amongst various stakeholders within WHP.

**RECOMMENDATIONS**

Based on the results of this study, the following recommendations are made for priority WHP research projects which could be undertaken with partners.

1. Develop a business case for WHP based on strong empirical evidence and in collaboration with a number of stakeholders including researchers, practitioners, and decision-makers.

2. Facilitate a WHP project focusing on comprehensive ecological approaches which recognize that personal health behaviors relate to intrapersonal, interpersonal, and broader environmental factors (i.e. supportive environments, managerial practices, structural factors, etc.).

3. Develop WHP models applicable to a number of workplaces and employees (i.e. small businesses, non-traditional workers, etc.).

4. Strengthen evaluation of current and future WHP projects.

5. Increase use of multiple research methods, including qualitative research, to study physical and mental health issues, and the changing workplace.

6. Assess WHP policies at both government and business levels.

**APPENDIX A**

**Canadian Consortium for Health Promotion Research**
**Working Group on Workplace Health Promotion (WHP)**

## Terms of Reference

1. To identify the current activities and gaps in the state of research in workplace health promotion in Canada;

2. To develop a collaborative, national research proposal in workplace health promotion, involving several member Centres of the CCHPR;

3. To propose a research agenda for workplace health promotion in Canada;

4. To report back to the Consortium and other relevant stakeholders.

## Members

Dr. Ben Boucher,  Wellness Programs Director, Strait Area Community Wellness Centre, Nova Scotia

Claudette Coombs, EAP Wellness Coordinator, Nfld & Labrador Teachers Association

Terrence Dalton, Senior Consultant, Workplace Health Unit, Health Canada

Dr. Jim Frankish, Acting Director, Institute for Health Promotion Research, UBC

Dr. Suzanne Jackson, Coordinator, Canadian Consortium for Health Promotion Research

Dr. Ron Plotnikoff, Alberta Centre for Well-Being and Centre for Health Promotion Studies, University of Alberta

Dr. Michael Sharratt, Centre for Applied Health Research, University of Waterloo

Dr. Martin Shain, Senior Scientist, Centre for Addiction and Mental Health and
        Associate, Centre for Health Promotion, University of Toronto

Dr. Doug Wilson, Department of Public Health Sciences, University of
        Alberta (Chair)

**APPENDIX B**

**Survey Instrument**

INTRODUCTIONS TO SURVEY:

(Non-Consortium Members)
My name is_____.
      I am calling on behalf of the Canadian Consortium for Health Promotion Research.  The Consortium is comprised of fourteen university based research groups with community and government linkages, that all share a common goal of advancing knowledge, practice, and policies in health promotion.
      As an expert in this field, would you be willing to offer some information that will assist the Consortium in furthering research and development in workplace health promotion?  Would you be the most appropriate person in your organization to speak to about this?   We are conducting telephone interviews with about 15 key individuals and organizations in workplace health and wellness to identify their current research-related activities within this field.  When this phase of the project is completed in October, we would be happy to send you our report on current activities and research opportunities in workplace health and wellness.


(Consortium Members)
My name is:_____.
      I am calling on behalf of the Canadian Consortium for Health Promotion Research.  I am conducting approximately 15 interviews with members and other key stakeholders in workplace health and wellness to assess current activities and needs/gaps/priorities for research.
Have you received a copy of the pre-circulated survey?
Would you be willing to participate in this interview?
Would you be the most appropriate person to speak to about this?

Background Information
        What is your position or title?
        What is your educational background?

1.  What are the workplace health promotion (WHP) research projects that you or your organization are currently, or in the past 2 years, have been involved in doing?

2.  Who are your contacts or partners for each project?

3.  What are the major directions or trends in WHP (ie. initiatives, projects) and WHP research these days?  Please be specific to Canada.

4.  Based on your perspective, what do you see as the major research needs and gaps in knowledge in WHP?

5.  Based on your perspective, what do you see as the major research needs and gaps in practice in WHP?

6.  Based on your perspective, what do you see as the major research needs and gaps in policy in WHP?

7.  Considering some of these needs and gaps, what do you see as the priorities for WHP research?

8.  Considering this is your area of expertise, what would you identify as your key references and your key contacts?

9.  What are the sources that you access for information related to WHP
Conferences/Workshops_____
University/Public libraries_____
Media (eg. newspapers/T.V.)_____
Internet (listserve/discussion groups)_____
Scholarly journals_____
Health-related agencies_____
Newsletters_____
Inservice training/seminars_____
Reports/documents_____
    Specify_____
Others?

10. As I mentioned in the beginning, the Consortium is planning to use this information to devise a research agenda.  Future research will work towards filling some of the gaps identified in workplace health promotion research.  If contacted at a later date, would you be interested in being involved in a research project with the Consortium?

11. Is there anything that I haven't asked that you would like to add?

## APPENDIX C

List of participants in alphabetical order:

Kendrith Bentley, Health Promotion and Management Consultant, Calgary

Janet Carr, Public Health Nurse, Region of Ottawa-Carleton Health Department, Ottawa

Joan Eakin, Professor, Department of Public Health Sciences, University of Toronto, Toronto

*Larry Flynn, Regional Manager, Population Health, Health Canada, Winnipeg

*Jim Frankish, Acting Director, Institute for Health Promotion Research, UBC, Vancouver

*Geoffrey Gurd, Health Research Communications Specialist, University of Ottawa, Ottawa

*Gloria Gutman, Director, Gerontology Research Centre, Vancouver

*Glenn Irwin, Director, Research Management and Dissemination Division, Health Canada, Ottawa

Deborah Jones, Consultant and Chair/Founder of Health, Work, & Wellness Conference, Vancouver

Graham Lowe, Director, Work Network, Canadian Policy Research Network, Ottawa Professor, Department of Sociology, University of Alberta, Edmonton

Judith Martin, Executive Coordinator Work and Family Unit, Saskatoon

*Paul McDonald, Director, Centre for Applied Health Research, University of Waterloo, Waterloo

Barb McKenna, Wellness Coordinator, Calgary Regional Health Authority, Calgary

*Ron Plotnikoff, Alberta Centre for Well-Being and Assistant Professor, Centre for Health Promotion Studies, University of Alberta, Edmonton

Danielle Pratt, Health Promotion Consultant, Calgary

Lynda Robson, Research Associate, Institute for Work and Health, Toronto

*Irv Rootman, Director, Centre for Health Promotion, University of Toronto, Toronto

Lynn Scott, Occupational Health Analyst, PanCanadian Petroleum, Calgary

*Martin Shain, Senior Scientist, Centre for Addiction and Mental Health, Toronto

*Michael Sharratt, Dean of Health Sciences, University of Waterloo, Waterloo

*Miriam Stewart, Director, Centre for Health Promotion Studies, University of Alberta, Edmonton

Terry Sullivan, President, Institute for Work and Health, Toronto

*Ardene Vollman, Health Promotion Research Working Group, Associate Professor, Faculty of Nursing, University of Calgary, Calgary

*Isik Zeytinoglu, Professor, Department of Human Resources and Management, McMaster University, Hamilton


*Member of Canadian Consortium for Health Promotion Research (CCHPR) or contact.

# APPENDIX D

**Sources of worksite health promotion information.**

Conferences/Workshops
       Institute for Work & Health
       Health, Work, and Wellness Conference
       National Wellness Conference (U.S.A.)
       Public Health Conference
       Musculoskeletal Problems at Work Conference
       Health and Safety conferences
       Chambers of Commerce

University libraries

List serves
       Click for health promotion
       OHPE (Ontario Health Promotion Electronic)-Health Promotion Bulletin

Databases
       Medline
       Cochrane Database

Journals
       Health Promotion International
       American Journal of Preventive Medicine
       American Journal of Health Promotion
       Harvard Business Review
       Health Behavior
       Healthy Policy Forum
       Journal of the American Association of Occupational Health Nurses
       Ontario Occupational Health Nurse
       Journal of Occupational Health Psychology
       Social Science and Medicine
       Health Knowledge Network
       Employee Health and Productivity
       Employee Fitness
       Physician and Sports Medicine

Newsletters
  John Hopkins
  Berkeley
  National Wellness Institute
  Swedish Quality of Life
  Conference Board of Canada
  University of Toronto
  Health Works-Health Canada
  Wellness Program Management and Advisor
  Wellness Junction-electronic newsletter
  European Foundation for Improvement of Living and Working Conditions
  Swedish Institute-Working Life
  Finnish Institute for Occupational Health
  Wellspring-Alberta Centre for Well-Being
  International Dance-Exercise Association

Media
  Local newspapers
  Television

Organizations/Associations/Agencies
  WHO
  Health Canada-Workplace Health Unit
  Labor Canada
  Cornell Institute
  Berkeley Work and Family Institute
  Boston College
  Health, Work, and Wellness Institute
  Centre for Health Services and Policy Research
  Canadian Cancer Society
  Alberta Centre for Well-Being
  Alberta Lung Association
  Heart and Stroke Foundation

**APPENDIX E**

**Participant's Broad Areas of Current Research and Activities:**

AIDS research.
Back injury prevention.
Balance Score Card.
Business case for active living.
Changing context of work and impact on employee health.
Developing indicators to measure employment and health.
Diffusion and innovations research.
Effectiveness of health promotion.
Environmental issues and health.
Enhancing activity amongst sedentary employees.
Ergonomics and safety.
Evaluation of WHP programs.
Farm women-work family issues.
Fitness assessments.
Healthy university projects.
Immigrant women-work and health issues.
Injuries and psycho-social factors.
Job stress and satisfaction.
Lifestyle assessments.
Low income mothers-welfare to work.
Multiple health risk studies.
Musculoskeletal injuries.
Nurses in AIDS care.
Nutrition assessments.
Organizational report card projects.
Persons with disabilities.
Physical activity in the workplace.
Quality of work.
Repetitive stress injuries.
Seminars on work and health.
Smoking cessation.
Supportive work environments.
Women and retirement.
Work, family, life balance.
Workload issues.
Work site needs and interest surveys.

# APPENDIX F

## SUGGESTED READINGS:

Aaron, T. (1995). <u>Stress management approaches for small businesses: A comprehensive review from a health promotion perspective.</u> Toronto: University of Toronto.

Anderson, D., & Staufacker, M. (1996). The impact of work site-based health risk appraisal on health-related outcomes: a review of the literature. <u>Am J of Health Promo</u>, 10, 499-508.

Anspaugh, D., Hunter, S., & Mosley, J. (1995). The economic impact of corporate wellness programs: past and future considerations. <u>AAOHN J.,</u> 43(4), 203-10.

Baker, F., & Green, G. (1991). Work, health, and productivity: An overview. In G.M. Green & F. Baker (Eds), <u>Work, health, and productivity:</u> New York: Oxford University Press.

Baker, E., Israel, B., & Schurman, S. (1996). The integrated model-implications for work site health promotion and occupational health and safety practice. <u>Health Education Quarterly,</u> 23(2), 175-190.

Baskerville, B., & LeTouze, D. (1990). Facilitating the involvement of Canadian health-care facilities in health promotion. <u>Patient Educ Couns.,</u> 15(2), 113-25.

Bertera, R. (1990). Planning and implementing health promotion in the workplace: A case study of the DuPont Company experience. <u>Health Education Quarterly,</u> 17,307-327.

Biener, L., DePue, J., Emmons, K., Linnan, L., &Abrams, D. (1994). Recruitment of work sites to a health promotion research trial: Implications for generalizability. <u>Journal of Occupational Medicine,</u> 36, 631-636.

Biziarelli, L. & Porticaroli, S. (1999). Workplace health promotion in large enterprises. <u>Promot Educ,</u> 6(3), 23-5, 36, 45.

Blum, T., Roman, P., & Patrick, L. (1990). Synergism in work site adoption of employee assistance programs and health promotion activities. <u>Journal of Occupational Medicine</u>, 32(5), 461-7.

Bly, J. Jones, R. & Richardson, J. (1986). Impact of worksite health promotion on health care costs and utilization: Evaluation of Johnson and Johnson's Live for Life program. <u>JAMA,</u> 256, 3235-3240.

Breucker, G., & Schroer, A. (1999). Concept and principles of workplace health promotion. <u>Promot Educ,</u> 6(3), 3-8, 31-2, 40-1.

Canadian Mental Health Association. (1988). <u>The Canadian guide to innovative health promotion practice in the workplace.</u> Toronto: Author.

Conrad, K., Campbell, R., & Walcott-McQuigg, J. (1991). Threats to internal validity in work site health promotion program research: common problems and possible solutions. <u>Am J Health Promo,</u> 6, 112-122.

Conrad, P., & Walsh, D.C (1992). The new corporate health ethic: Lifestyle and the social control of work. <u>International Journal of Health Services,</u> 22, 89-111.

Cooper, C. (1996). Stress in the workplace. <u>British J Hosp Med,</u> 55(9), 559-63.

Dooner, B. (1990). Achieving a healthier workplace: Organizational and individual health. <u>Health Promotion,</u> 29(3), 2-6.

Eakin, J., & MacEachen, E. (1998). Health and the social relations of work: A study of the health-related experiences of employees in small workplaces. <u>Sociology of Health and Illness,</u> 20(6), 896-914.

Eakin, J., & Weir, N. (1995). Canadian approaches to the promotion of health in small workplaces. <u>Canadian Journal of Public Health,</u> 86, 109-113.

Green, L., & Kreuter, M. (1999). Health promotion planning: <u>An educational and ecological approach</u> (3$^{rd}$ ed.). Mountain View, CA: Mayfield.

Fedotov, I. (1998). Health promotion in the workplace. <u>World Health Forum,</u> 19(4), 390-6.

Gehlbach, S., & Mundt, K. (1994). Evaluating work site health programs. <u>J Amb Care Management,</u> 17, 82-91.

Health and Welfare Canada. (1991). Corporate health model (Catalog No. H39-225/1991E). Ottawa, Ontario: Supply and Services Canada.

Heaney, C. (1993). Perceived control and employed men and women. In B.C. Long & S.E. Kahn (Eds.), Women, work, and coping: A multidisciplinary approach to workplace studies. Montreal: McGill-Queen's University Press.

Hugentobler, M. Israel, B., & Schurman, S. (1992). An action research approach to workplace health. <u>Health Education Quarterly</u>, 19, 55-76.

Karasek, R., & Theorell, T. (1990). <u>Healthy work: Stress, productivity and the reconstruction of working life.</u> New York: Basic Books.

Kloppenburg, H. (1999).  Work site health promotion: the European union perspective.
Promot Educ, 6(3), 11-3, 33, 42.

Levenstein, C., & Moret, M. (1985).  Health promotion in the workplace.
Journal of Public Health Policy, 6(2), 149-151.

Loo, R. (1993).  Policies and procedures in the workplace: how health care organizations
compare.  Healthcare Management Forum, 6(2), 39-43.

Ontario Women's Directorate. (1991).  Work and family: The crucial balance.
Toronto: Ontario Ministry of Community and Social Services.

Pelletier, K. (1999).  A review and analysis of the clinical and cost-effectiveness studies
and disease management programs at the worksite: 1995-1998 update.
Am J Health Promo, 13(6), 333-45.

Pencak, M. (1991).  Workplace health promotion programs: An overview.
Nurs Clin North Am, 26(1), 233-40.

Polanyi,M., Frank,J., Shannon,H., Sullivan, T., & Lavis, J. (2000).  Promoting the
determinants of good health in the workplace.  In B. Poland, L. Green, & I. Rootman
(Eds.), Settings for health promotion: Linking theory and practice (pp. 138-174).
California, USA: Sage Publications.

Premier's Council on Economic Renewal. (1993, May 21).  Meeting materials
Prepared by the Task Force on the Organisation of Work.  Toronto:
Government of Ontario.

Ribisl, K., & Reischl, T. (1993).  Measuring the climate for health at organizations.
Development of the work site health climate scales.  Journal of Occupational
Medicine, 35(8), 812-24.

Rush, B. (1995, August).  Program evaluation and the Workplace Health System:
What do comprehensive evaluations of health promotion programs in the
Workplace tell us about program effectiveness and cost-efficiency?  Report
Prepared for Workplace Health System, Work and Education Health
Promotion Unit, Health Promotion Directorate, Health Canada.

Sass, R. (1989).  The implications of work organization for occupational health
policy: The case of Canada.  International Journal of Health Services,
19(1), 157-173.

Shain, M., Suurvali, H., Health, Work and Wellness Institute of Canada. (2000).
 Investing in comprehensive workplace health promotion: A resource.
Health Canada, Ottawa, Ontario.

Shain, M. (1999).  The role of the workplace in the production and containment of health costs: the cost of stress-related disorders.  Int J Health Care Qual Ass., 12, 2-3

Shehadeh,V., & Shain, M. (1990).  Influences on wellness in the workplace: a multivariate approach.  Health & Welfare Canada, Ottawa, Ontario.

Sorensen, G., Hsieh, J., Hunt, M., Morris, D., Harris, D., & Fitzgerald, G. (1992).  Employee advisory boards as a vehicle for organizing work site health promotion programs.  Am J Health Promo, 6(6), 443-50.

Swift, J. (1995).  Time and work.  Canadian Forum, 74(841),9-12.

University of Michigan Health Management Research Center (2000).  20th century cost benefit analysis and report 1979-2000.  Ann Arbor, Michigan.

Verma, A., & Irvine, D. (1992).  Investing in people: The key to Canada's prosperity and growth.  Willowdale, Ontario: Information Technology Association of Canada.

Walker, C. (1993).  Workplace stress.  Willowdale, Ontario: Canadian Autoworkers Union.

Warner, K. (1990, Summer).  Wellness at the worksite.  Health Affairs, 64-79.

Wolfe, R., Slack, T., & Rose-Hearn, T. (1993).  Factors influencing the adoption and maintenance of Canadian, facility-based work site health promotion programs.  Am J Health Promo, 7(3), 189-98.

Websites:

Association for Worksite Health Promotion: www.awhp.org
British Columbia Council for Families: www.bccf.bc.ca
Canadian Centre for Occupational Health and Safety:  www.ccohs.ca
Canadian Fitness and Lifestyle Research Institute: www.cflri.ca
Canadian Health Network:  www.canadian-health-netowork.ca
Canadian Policy Research Network: www.cprn.org
Health Canada:  www.hppb/ahi/workplace/resources.htm
Institute for Work and Health:  www.iwh.on.ca
National Quality Institute:  www.nqi.ca
National Wellness Association:  www.nationalwellness.org
Society of Prospective Medicine:  www.spm.org
Statistics Canada:  www.statscan.ca
The Health, Work, & Wellness Institute of Canada: www.heatlhworkandwellness.com
Vanier Institute of the Family: www.vifamily.ca
Watson Wyatt:  www.watsonwyatt.com